



FORM
GD1
(Rev. 5/2012)



HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due by June 30)

'12 AUG 10 P12:45

FILER

Clapp

Last Name

Carl

First Name

R

M.I.

University of Hawaii

Associate Athletics Director

State Agency

State Position

CONTACT INFORMATION

520 Lunalilo Home Road #8120

Number and Street or P.O. Box

Honolulu

City

HA

State

97825

Zip Code

(808) 965-4469

Telephone

Extension

cclapp@hawaii.edu

Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: UH Manoa Athletics Date Received: 9/1/11
Gift (Description): Two Football Season Tickets Value/Cost: \$290
2. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
3. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
4. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
5. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____

☐ Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

Signature

Date

RECEIVED BY U.S. MAIL